



NEDERLAND

CORPORATE MEMBER ENROLLMENT FORM

FCSI NEDERLAND

Postbus 138
5360 AC Grave
Tel. 0486-477792 Fax 0486-477799
Email info@fcsi.nl
Website www.fcsi.nl

1. Company listing

Company Name
.....

Address P.O.Box No.
.....

Postal Code City Phone...../
.....

Fax/..... E-mailHomepage
.....

2. Listing of two Corporate Member Representatives

Please designate two individuals of your company as the „FCSI Corporate Member Representatives“

2.1 First Name Last Name
.....

Title or function born

Phone Fax
.....

E-mail

2.2 First Name Last
Name.....

Title or function Born

PhoneFax

.....

E-mail

3. Listing of Products and Services

Give brief description of the products produced and/or sold by your company or services rendered

3.1 Products

.....
.....
.....

3.2 Services

.....
.....
.....

4. Mission statement / Company philosophy

Give brief description of your company's mission statement/company philosophy

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5. Company logo

Please add company logo for potential publication.

6. Photos of Corporate Member Representatives

Please add photos for potential publication.

7. Annual fee for Corporate Membership

The annual fee for Corporate membership is CHF 2 000.--.

Date Signature
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